Image# 13941603621 PAGE 1 / 43

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | or Other Than An Aut | norized Committee | | Office Use Only |
|---|--------------------------------|-------------------------------------|----------------------------|---|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, over the lines. | type 12FE4M5 | |
| American Association of | of Nurse Anesthetists | s Separate Segre | gated Fund (CRN | A-PAC) |
| | | | | |
| ADDRESS (number and street) | 222 South Prospect Ave | | | |
| Check if different | c/o Finance Department | | | |
| than previously reported. (ACC) | Park Ridge | | | 60068-4001 |
| 2. FEC IDENTIFICATION NU | MBER ▼ CIT | TY▲ | STATE ▲ | ZIP CODE ▲ |
| C C00173153 | | S THIS NEV | OR × AN | IENDED |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | | | 20 (M8) Nov 20 (M11) (Non-Election Year Only) |
| (a) Quarterly Reports: | | | | 20 (M9) Dec 20 (M12) (Non-Election Year Only) |
| April 15 Quarterly Report (Q | | 20 (M4) Jul | 20 (M7) Oct 2 | 20 (M10) Jan 31 (YE) |
| July 15 | (C) 12-Day | Primary (12P) | General | (12G) Runoff (12R) |
| Quarterly Report (Q October 15 | Report for the: | Convention (120 | Special (| 12S) |
| Quarterly Report (Q January 31 Year-End Report (YI | Flackia | | D / Y Y Y Y Y | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day | General (30G) | Runoff (3 | Special (30S) |
| Termination Report (TER) | Electio | on on | D / Y = Y = Y = Y | in the State of |
| 5. Covering Period 07 | 01 2013 | through | 07, 31, | 2013 |
| I certify that I have examined thi | s Report and to the best of | my knowledge and belie | ef it is true, correct and | i complete. |
| Type or Print Name of Treasurer | Frank J Purcell | | | |
| Signature of Treasurer Frank | J Purcell | [Electronically Fil | ded] Date 09 | / D D / Y Y Y Y Y 19 19 2013 |
| NOTE: Submission of false, errone | ous, or incomplete information | n may subject the person | signing this Report to the | ne penalties of 2 U.S.C. §437g. |
| Office Use Only | | | | FEC FORM 3X Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

07 2013 Report Covering the Period: 2013 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 355939.37 January 1. 2013 (b) Cash on Hand at 413835.91 Beginning of Reporting Period..... 436105.92 21558.37 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 435394.28 792045.29 6(a) and 6(c) for Column B)..... 59500.00 416151.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 375894.28 375894.28 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

| I. Receipts | COLUMN A | COLUMN B |
|---|-------------------|-----------------------|
| <u> </u> | Total This Period | Calendar Year-to-Date |
| . Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 12402.23 | 288013.27 |
| (i) itemized (doc deficable A) | | |
| (ii) Unitemized | 9156.13 | 141592.36 |
| (iii) TOTAL (add | | |
| Lines 11(a)(i) and (ii) | 21558.36 | 429605.63 |
| | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | | |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5)▶ | 21558.36 | 429605.63 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | | |
| . All Loans Received | 0.00 | 0.00 |
| _ | | |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | 7 | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 6. Refunds of Contributions Made | 7 | 7 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 6500.00 |
| 7. Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.01 | 0.29 |
| 3. Transfers from Non-Federal and Levin Funds | | 7 |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (5) 201111 (11011 (11011 1101 110) 111111 | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| D. Total Receipts (add Lines 11(d), 10. 10. 10. 14. 15. 10. 17. and 10(1)) | 04550.07 | 420405.02 |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 21558.37 | 436105.92 |
|). Total Federal Receipts | 0.1550.00 | 1001000 |
| (subtract Line 18(c) from Line 19)▶ | 21558.37 | 436105.92 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | Total This Period | | | | |
|-----|--|-------------------|-----------------------|--|--|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Calendar Year-to-Date | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 | | | |
| | (b) Other Federal Operating | | | | | |
| | Expenditures(c) Total Operating Expenditures | 0.00 | 8776.01 | | | |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ | 0.00 | 8776.01 | | | |
| 22. | Transfers to Affiliated/Other Party | | | | | |
| 23. | Committees Contributions to | 0.00 | 0.00 | | | |
| | Federal Candidates/Committees and Other Political Committees | 59500.00 | 401250.00 | | | |
| 4. | Independent Expenditures | 0.00 | 0.00 | | | |
| 5. | (use Schedule E) | 7 | | | | |
| | (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | |
| 6. | Loan Repayments Made | 0.00 | 0.00 | | | |
| . – | | 0.00 | 0.00 | | | |
| 27. | Loans MadeRefunds of Contributions To: | 0.00 | 0.00 | | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | |
| | (c) Other Political Committees | 4 | | | | |
| | (such as PACs) | 0.00 | 0.00 | | | |
| | (d) Total Contribution Refunds | | | | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 | | | |
| 29. | Other Disbursements | 0.00 | 6125.00 | | | |
| 20 | Federal Election Activity (2 U.S.C. §431(20)) | | | | | |
| ,0. | (a) Allocated Federal Election Activity | | | | | |
| | (from Schedule H6) | 0.00 | 0.00 | | | |
| | (i) Federal Share | 0.00 | 0.00 | | | |
| | (ii) "Levin" Share | 0.00 | 0.00 | | | |
| | (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | | | |
| | With Federal Funds | 0.00 | 0.00 | | | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | |
| 1. | Total Disbursements (add Lines 21(c), 22, | | | | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 59500.00 | 416151.01 | | | |
| 2. | Total Federal Disbursements | | | | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | 59500.00 | 416151.01 | | | |
| | from Line 31) | 59500.00 | 410131.01 | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | | | | |
|--|----------|-----------|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 21558.36 | 429605.63 | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21558.36 | 429605.63 | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 8776.01 | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 8776.01 | | |

Cape Fear Valley Health System

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| | FOR LINE NUMBER: PAGE 6 | | | | | | PAGE 6 OF | | | | | |
|------------------|-------------------------|--|-----|--|-----|--|-----------|---|--|----|--|--|
| (check only one) | | | | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | 2 | | | | |
| | 13 | | 14 | | 15 | | 16 | 6 | | 17 | | |

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Debra A A Barber Date of Receipt Mailing Address 834 Inspiration Way 05 2013 City State Zip Code Transaction ID: 36373546 KY 40245-3989 Louisville Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Nurse anesthetist Triple Crown Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. John T Barlow Date of Receipt Mailing Address 1808 Holloman Dr 07 2013 17 City State Zip Code Transaction ID: 36373547 Fayetteville NC 28312-9245 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation

| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.33 | |
|--|----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mark M M Bjornstad Mailing Address 2619 N Miller Dr | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Moorhead | State Zip Code MN 56560-1404 | Transaction ID : 36373552 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer | Occupation | - |
| Sanford Health | CRNA | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1095.00 | |

CRNA

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

218.33

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s for each category of the Detailed Summary Page

| | I OIT LINE | NONDELL | . ITAGE | - 1 01 | 70 |
|----|-------------|---------|----------|--------|----|
| s) | (check only | / one) | | | |
| | □ | | п | | |
| • | X 11a | 11b | 11c | 12 | |
| | 13 | 14 | 15 | 16 | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| Full Name (Last, First, Middle Initial) Julie N N Bonom Mailing Address 362 Hagaman Ln | | Date of Receipt |
|--|----------------------------------|---|
| City | State Zip Code | 07 17 2013 |
| Andersonville | TN 37705-3422 | Transaction ID : 36373554 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 35.00 |
| Name of Employer | Occupation | |
| University of Tennessee | Associate Program Dir | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 245.00 | |
| Full Name (Last, First, Middle Initial) Marci Arlia Burris | • | Date of Receipt |
| Mailing Address 203 Scott St Ste 202 | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 07 02 2013 |
| Beaufort | SC 29902-5554 | Transaction ID : 36373556 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer Beaufort Memorial Hospital | Occupation CRNA | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) | • | B |
| T'Anya M Marye Carter | | Date of Receipt |
| Mailing Address 3904 Bowser Ave | | 07 17 _ 2013 _ |
| City | State Zip Code | Transaction ID : 36373558 |
| Dallas | TX 75219-3701 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Lagrange Pain Medicine Doctors | CRNA | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 700.00 | |

Use separate schedule(s) for each category of the Detailed Summary Page (check of the Detailed Summary Page

| | | | _ | MBER | : | PAGE | | 8 | OF | | 43 |
|------------------|---|-----|---|------|---|------|--|----|----|--|----|
| (check only one) | | | | | | | | | | | |
| [| X | 11a | | 11b | | 11c | | 12 | ! | | |
| | | 13 | | 14 | | 15 | | 16 | ; | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Anthony J J Chipas Date of Receipt Mailing Address 907 Players Cir 2013 City Zip Code State Transaction ID: 36373560 SC 29485-6224 Summerville Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Associate Professor Program Director A **MUSC Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 1245.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gram M M Cotton Date of Receipt Mailing Address N4762 600th St 17 2013 07 City State Zip Code Transaction ID: 36373564 WI Menomonie 54751-6566 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Menomonie Hospital **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 595.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dustin J J Degman Date of Receipt Mailing Address 4206 Legacy Oaks PI 17 07 2013 City State Zip Code Transaction ID: 36373568 NC Asheville 28803-4596 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee.

595.00

Occupation CRNA

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

Receipt For:

Asheville Anesthesia Associates, P.A.

General

| | FOR LINE I | NOMBER | : PAGE |
|---|-------------|--------|--------|
| Jse separate schedule(s) | (check only | one) | |
| or each category of the Detailed Summary Page | X 11a | 11b | 11c |
| , | 10 | 4.4 | 4- |

9 OF

12

43

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

| $ \rangle$ | American Association of Nurse | Anesthetists Separate Segregate | d Fund (CRNA-PAC) | | |
|------------|--|---------------------------------|--|--|--|
| Α. | Full Name (Last, First, Middle Initial) Charles R R Elam IV | | Date of Receipt | | |
| | Mailing Address 1657 Monticello St | g Address 1657 Monticello St | | | |
| | City Petersburg | State Zip Code VA 23805-1335 | 7 17 2013 Transaction ID : 36373571 Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 35.00 | | |
| | Name of Employer | Occupation | | | |
| | Unknown | CRNA | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | | |
| | Full Name (Last, First, Middle Initial) Kate Fry Mailing Address 25 Massachusetts Ave NW S | ste 550 | Date of Receipt 07 22 2013 | | |
| | City | State Zip Code | Transaction ID : 36373576 | | |
| | Washington | DC 20001-1408 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | 1.00 | | |
| | Name of Employer | Occupation | | | |
| | AANA | Associate Director | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Kate Fry | ı | Date of Receipt | | |
| | Mailing Address 25 Massachusetts Ave NW S | Ste 550 | 07 22 2013 | | |
| | City | State Zip Code | Transaction ID: 36373577 | | |
| | Washington | DC 20001-1408 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 1.00 | | |
| | Name of Employer | Occupation | | | |
| | AANA | Associate Director | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | |
| | Primary General | | 1 | | |

| SUBTOTAL of Receipts This Page (optional) | | | , | _ | Ξ | 7 | _ | _ | 37.0 | 0 |
|---|---|---|---|---|---|---|---|---|------|---|
| TOTAL This Period (last page this line number only) | Ξ | Ξ | 7 | Ξ | Ξ | 7 | Ξ | _ | | |

200.00

Other (specify)

| | FOR LINE NUMBER | : P/ |
|--------------------------|------------------|-------------|
| Use separate schedule(s) | (check only one) | |
| for each category of the | X 11a 11b | п. . |
| Detailed Summary Page | X 11a 11b | 110 |
| , 5 | | |

| , , | FOR LINE NUMBER: PAGE 10 OF | | | | | | | | |
|-----|-----------------------------|-----|------------------|----|----|--|--|--|--|
| (s) | (check only one) | | | | | | | | |
| 9 | X 11a | 11b |] _{11c} | 12 | | | | | |
| Э | 13 | 14 | 15 | 16 | 17 | | | | |
| | | | | | | | | | |

| Any information copied from such Reports and St or for commercial purposes, other than using the | | |
|---|----------------------------------|------------------------------------|
| NAME OF COMMITTEE (In Full) |) | |
| | Anesthetists Separate Segregated | Fund (CRNA-PAC) |
| Full Name (Last, First, Middle Initial) A. Christine E Fultz | | Date of Receipt |
| Mailing Address 7765 Woodlands Trl | | 07 29 2013 |
| City | State Zip Code | Transaction ID : 36373580 |
| Chesterland | OH 44026-3000 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer | Occupation | |
| Cleveland Clinic | CRNA | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 365.00 | |
| Full Name (Last, First, Middle Initial) 3. Cheryl L Lynn Gamble | | Date of Receipt |
| Mailing Address 11 E Bellamy Dr | | M = M / D = D / Y = Y = Y |
| Carriage Run | State 7'- O-4 | 07 17 2013 |
| City | State Zip Code | Transaction ID : 36373581 |
| New Castle | DE 19720-2979 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 85.00 |
| Name of Employer | Occupation | |
| pinnacle mid-atlantic anesthes | CRNA | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 1015.00 | |
| Full Name (Last, First, Middle Initial) Edward J Gaspar | | Date of Receipt |
| Mailing Address 232 Kerby Rd | | 07 05 2013 |
| City | State Zip Code | Transaction ID : 36373583 |
| Grosse Pointe Farms | MI 48236-3129 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Veer to Deta W | |
| Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 550.00 |
| TOTAL This Period (last page this line number of | only) | |

Full Name (Last, First, Middle Initial)

Other (specify)

Use separate schedule(s) for each category of the **Detailed Summary Page**

| ı | | R LINE | | | PAGE | 11 | OF | 43 | |
|------------------|---|--------|--|-----|------|--------|----|----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | 2 | |
| ı | | 13 | | 14 | | 15 | 16 | 6 | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Robert J J Gauvin Date of Receipt Mailing Address 1 Riverside Dr 2013 17 City State Zip Code Transaction ID: 36373584 MA 02739-1445 Mattapoisett Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Name of Employer Occupation CRNA Ophthalmologists Plymouth Receipt For: Aggregate Year-to-Date ▼ Primary General 2675.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marjorie A A Geisz-Everson Date of Receipt Mailing Address 11001 Patterson Rd 07 2013 17 City State Zip Code Transaction ID: 36373585 **New Orleans** LA 70131-3251 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation LSUHSC School of Nursing **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify)

| Kimberly Anne Gordon | Date of Receipt | | | | | |
|--|-----------------|----------------|-----------------------------------|--|--|--|
| Mailing Address 310 W 4th St Apt 1002 | | | 07 22 2013 | | | |
| City | State | Zip Code | Transaction ID: 36373586 | | | |
| Winston Salem | NC | 27101-2884 | Amount of Each Receipt this Perio | | | |
| FEC ID number of contributing federal political committee. | С | | 25 | | | |
| Name of Employer | Occupation | | | | | |
| Wake Forest Bapist Medical Center | CRNA | | | | | |
| Receipt For: | Aggregate Y | /ear-to-Date ▼ | | | | |
| Primary General | - | | | | | |
| Other (specify) | | 750.00 | | | | |

| SUBTOTAL of Receipts This Page (optional) | I | I | 7 | I | Ī | 7 | 55 | 8.33 | |
|---|---|---|---|---|---|---|----|------|--|
| TOTAL This Period (last page this line number only) | | | 7 | | Ξ | 7 | | _ | |

0.00

C.

FOR LINE NUMBER: PAGE 12 OF 43 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Mark Green Date of Receipt Mailing Address 1376 Acworth Rd 2013 City Zip Code State Transaction ID: 36373587 NH Charlestown 03603-4650 Amount of Each Receipt this Period FEC ID number of contributing C 84.00 federal political committee. Name of Employer Occupation Springfield Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 588.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel M M Greenwald Date of Receipt Mailing Address 11094 2nd St 17 07 2013 City State Zip Code Transaction ID: 36373588 WA Mount Vernon 98273-7210 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Skakit Valley Hospital **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tessa K Guevara Date of Receipt Mailing Address 6312 Barcelona Dr 07 17 2013 City State Zip Code Transaction ID: 36373589 TX Arlington 76016-5206 Amount of Each Receipt this Period FEC ID number of contributing 182.50 С federal political committee. Name of Employer Occupation **CRNA** North Star Anesthesia Solution Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 316.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

| | FOF | R LINE | NU | IMBER | : | PAGE | • | 13 O | F | 43 |
|--|------|---------|----|-------|---|------|---|------|---|----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | | 11a | | 11b | | 11c | | 12 | | |
| , | | 13 | | 14 | | 15 | | 16 | | 1 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) 1LT Lisa J J Haas Date of Receipt Mailing Address 1394 Danville Blvd Apt 106 2013 City Zip Code State Transaction ID: 36373590 CA Alamo 94507-1965 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation CRNA Kaiser Permanente Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marla J Hadeler Date of Receipt Mailing Address 28814 Bass Blvd 07 21 2013 City State Zip Code Transaction ID: 36373592 TX Harlingen 78552-2124 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation self employed Nurse Anesthetist Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patti A A Hendrix Date of Receipt Mailing Address PO Box 8690 17 2013 07 City State Zip Code Transaction ID: 36373597 AK Kodiak 99615-8690 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **CRNA** Alaska Regional Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 498.33 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

43

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Bruce A A Herr Jr Date of Receipt Mailing Address 4200 Cathedral Ave NW Apt 717 2013 City Zip Code State Transaction ID: 36373599 DC Washington 20016-4934 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation CRNA MedStar Health - Wash Hosp Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 595.00 Other (specify) Full Name (Last, First, Middle Initial) B. Catherine A A Hoffman Date of Receipt Mailing Address 1861 E Audubon Blvd 07 24 2013 City State Zip Code Transaction ID: 36373602 OH Lancaster 43130-9819 Amount of Each Receipt this Period FEC ID number of contributing 170.00 federal political committee. Name of Employer Occupation Pickaway Health Services **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 595.00 Other (specify) Full Name (Last, First, Middle Initial) c. Justin E E Howard Date of Receipt Mailing Address 1721 6th Ave N 07 31 2013 City Zip Code State Transaction ID: 36373606 WI Menomonie 54751-2142 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation **CRNA** Essentia Health Receipt For: Aggregate Year-to-Date ▼ Primary General 593.33 Other (specify) 338.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

| | FOR LINE NUMBER: PAGE 15 OF | 43 |
|---|--|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 | 17 |

| | the name and address of any political committee t | |
|---|---|---|
| NAME OF COMMITTEE (In Full) | · · · · · · · · · · · · · · · · · · · | |
| American Association of Nurs | se Anesthetists Separate Segregate | ed Fund (CRNA-PAC) |
| Full Name (Last, First, Middle Initial) A. Kent Kosmatka | | Date of Receipt |
| Mailing Address 210 Sycamore St | | 07 31 2013 |
| City | State Zip Code | Transaction ID : 36373612 |
| Goodland | KS 67735-1516 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| Professional Anesthesia | CRNA | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 0.0 | |
| Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) 3. Steven R R Leach | | Date of Receipt |
| Mailing Address 1049 Redfish St | | 07 05 2013 |
| City | State Zip Code | Transaction ID : 36373614 |
| Bayou Vista | TX 77563-2711 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer | Occupation | |
| University of Texas Medical Br | CRNA | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 595.00 | |
| Full Name (Last, First, Middle Initial) Denise Martin-Sheridan | | Date of Receipt |
| Mailing Address PO Box 739 | | M = M / D = D / Y = Y = Y |
| 1128 Leesome Lane City | State Zip Code | 07 31 2013 Transaction ID : 36373616 |
| Altamont | NY 12009-0739 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | - |
| Albany Medical College | Professor | _ |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) |) | 1085.00 |
| | per only) | |
| | ** | 7 |

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

43

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Shaun W Mendel Date of Receipt Mailing Address 7701 W Saint John Rd Apt 1176 2013 City Zip Code State Transaction ID: 36373620 85308-0842 Glendale ΑZ Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **SRNA** student Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mindy K K Miller Date of Receipt Mailing Address 2014 SW Sage Cir 2013 07 22 City State Zip Code Transaction ID: 36373622 IΑ Ankeny 50023-8210 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation M & M Anestesia LLC nurse anesthetist Receipt For: Aggregate Year-to-Date ▼ Primary General 790.00 Other (specify) Full Name (Last, First, Middle Initial) c. Amy P Pfeil Neimkin Date of Receipt Mailing Address 368 Woodward Ct 07 24 2013 City State Zip Code Transaction ID: 36373630 AL Birmingham 35242-6040 Amount of Each Receipt this Period FEC ID number of contributing 85.00 С federal political committee. Name of Employer Occupation **CRNA** University of Alabama at Birmingham Receipt For: Aggregate Year-to-Date ▼ Primary General 1095.00 Other (specify) 420.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

| ı | FOR LINE NUMBER: PAGE 17 OF | | | | | | | | | |
|---|-----------------------------|-----|-----|----|----|--|--|--|--|--|
| | (check only one) | | | | | | | | | |
| | X 11a | 11b | 11c | 12 | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | | | | | |

| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | the name and address of any political committee | to solicit contributions from such committee. |
|--|--|--|
| \ | State Zip Code KS 67052-9275 C Occupation Director Aggregate Year-to-Date ▼ | Date of Receipt O7 17 2013 Transaction ID: 36373632 Amount of Each Receipt this Period 85.00 |
| Full Name (Last, First, Middle Initial) 3. Cheryl L L Nimmo Mailing Address 26 Aberdeen Rd City | State Zip Code | Date of Receipt O7 17 2013 |
| East Providence FEC ID number of contributing federal political committee. Name of Employer University Medicine Foundation in Prov Receipt For: Primary General | RI 02915-5002 C Occupation CRNA Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period 100.00 |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) John A A Norris Mailing Address 4225 Canterbury Ct City Jackson FEC ID number of contributing | State Zip Code MS 39211-6205 | Date of Receipt 07 08 2013 Transaction ID: 36373634 Amount of Each Receipt this Period 30.00 |
| rederal political committee. Name of Employer Declined Receipt For: Primary General Other (specify) ▼ | Occupation N/A Aggregate Year-to-Date ▼ 210.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 215.00 |
| TOTAL This Period (last page this line num | ber only) | |

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

43

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) David P P Rakey Date of Receipt Mailing Address 14 Fairway Dr 2013 City State Zip Code Transaction ID: 36373648 Mount Vernon IL 62864-2621 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation CRNA Self Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lynn J J Reede Date of Receipt Mailing Address 787 Graceland Ave Unit 508 07 19 2013 City State Zip Code Transaction ID: 36373650 Des Plaines IL 60016-8631 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Aultman Hospital **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1016.67 Other (specify) Full Name (Last, First, Middle Initial) c. James A A Reynolds Date of Receipt Mailing Address 1102 Mayfield Cir NW 07 17 2013 City Zip Code State Transaction ID: 36373655 NC Conover 28613-9368 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation **CRNA** Lafayette Surgicare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 266.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

43

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Lavonna K Sanders Date of Receipt Mailing Address 9900 E 570 Rd 2013 City Zip Code State Transaction ID: 36373658 OK Catoosa 74015-6294 Amount of Each Receipt this Period FEC ID number of contributing 182.50 federal political committee. Name of Employer Occupation CRNA Sanders Nurse Anesthesia Services, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca M M Smith Date of Receipt Mailing Address 4204 Fawn Run 07 30 2013 City State Zip Code Transaction ID: 36373666 OH Medina 44256-6918 Amount of Each Receipt this Period FEC ID number of contributing 30.42 federal political committee. Name of Employer Occupation Community Hospital **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.42 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence R R Stump Date of Receipt Mailing Address 220 Lyndenglen Dr Apt 208 80 07 2013 City Zip Code State Transaction ID: 36373668 MI Ann Arbor 48103-6982 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Ann Arbor MI Hospital **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 242.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Sherry E E Swearngin Date of Receipt Mailing Address 1698 E Seaport Ct 2013 City Zip Code State Transaction ID: 36373672 ID Boise 83706-6333 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation **VA Medical Center** Nurse Anesthetist Receipt For: Aggregate Year-to-Date ▼ Primary General 595.00 Other (specify) Full Name (Last, First, Middle Initial) B. Neil L L Thompson Date of Receipt Mailing Address 243 Blake Ct 07 2013 17 City State Zip Code Transaction ID: 36373674 IL Springfield 62711-5606 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Springfield clinic **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dina F Filomena Velocci Date of Receipt Mailing Address 320 Old Hickory Blvd Apt 3014 07 05 2013 City Zip Code State Transaction ID: 36373675 TN Nashville 37221-1413 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **CRNA VUMC** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 218.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR | LINE | PAGE | 2 | 21 | OF | 43 | | | |
|------------------|------|------|-----|----|-----|----|----|--|----|
| (check only one) | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

| | Statements may not be sold or used by any person e name and address of any political committee to | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| American Association of Nurse | Anesthetists Separate Segregated | d Fund (CRNA-PAC) |
| Full Name (Last, First, Middle Initial) A. Jill A A Von Rothe | | Date of Receipt |
| Mailing Address 12000 Market St Apt 202 | | 07 17 2013 |
| City | State Zip Code | Transaction ID: 36373676 |
| Reston | VA 20190-5697 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.83 |
| Name of Employer | Occupation | |
| austin weston center | crna | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | 33 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| Other (specify) ▼ | 243.32 | |
| Full Name (Last, First, Middle Initial) 3. Bruce A A Weiner | | Date of Receipt |
| Mailing Address 9901 Emerald Links Dr | | 07 25 2013 |
| City | State Zip Code | Transaction ID: 36373678 |
| Tampa | FL 33626-2551 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer | Occupation | |
| Florida Hospital Carrollwood | CRNA | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 595.00 | |
| Full Name (Last, First, Middle Initial) C. Jason P P Whiteley | | Date of Receipt |
| Mailing Address 12111 S 4th St | | 07 17 _ 2013 _ |
| City | State Zip Code | Transaction ID : 36373682 |
| Jenks | OK 74037-4968 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 83.33 |
| Name of Employer | Occupation | |
| Whiteley Anesthesia Services, PC | CRNA | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | riggregate real to bate ▼ | |
| Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 229.16 |
| TOTAL This Period (last page this line number | only) | |

| | FOR LINE NUMBER: PAGE 22 OF | F 43 |
|---|-----------------------------|------|
| Use separate schedule(s) for each category of the | (check only one) | |
| Detailed Summary Page | X 11a 11b 11c 12 | |
| ,, | 13 14 15 16 | 17 |

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Lisa K K Willey Date of Receipt Mailing Address 50 Burkhart Rd 2013 City Zip Code State Transaction ID: 36373684 OH Lowell 45744-7360 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation CRNA Marietta Memorial Hospita Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa K K Willey Date of Receipt Mailing Address 50 Burkhart Rd 07 22 2013 City State Zip Code Transaction ID: 36373685 OH Lowell 45744-7360 Amount of Each Receipt this Period FEC ID number of contributing 85.00 federal political committee. Name of Employer Occupation Marietta Memorial Hospita **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Linda R R Williams Date of Receipt Mailing Address PO Box 2004 2013 07 17 127 Gilead St City Zip Code State Transaction ID: 36373686 WV **Shady Spring** 25918-2004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation **CRNA** East-West Anesthesia Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 253.33 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

43

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Sara Hulett Yarrow Date of Receipt Mailing Address 191 River Lights Ln 08 2013 City Zip Code State Transaction ID: 36373687 TN 38103-8928 Memphis Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation CRNA St. Jude Receipt For: Aggregate Year-to-Date ▼ Primary General 590.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Christopher K K Bartels Date of Receipt Mailing Address 16 Carriage Dr 07 29 2013 City State Zip Code Transaction ID: 36373694 CT Bethany 06524-3371 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation ANESTHESIA ASSOCIATES OF NEW **CRNA** HAVEN PC Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dan B Breckenridge Date of Receipt Mailing Address 950 N Graham St 07 29 2013 City Zip Code State Transaction ID: 36373697 TN Memphis 38122-2402 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Shelby Anesthesia Services co-owner, CRNA Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) 380.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

| ı | FOR LINE | NUMBER | : PAGE | E 24 OF | 43 |
|---|--------------|--------|--------|---------|----|
| ı | (check onl | y one) | | | |
| | X 11a | 11b | 11c | 12 | |
| ı | 13 | 14 | 15 | 16 | 17 |

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Ronald R Castaldo Date of Receipt Mailing Address 122 Farm Meadows Ln 2013 26 City Zip Code State Transaction ID: 36373701 DE Hockessin 19707-3400 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CRNA Alliance Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Judy A Courtney Date of Receipt Mailing Address 65 Wandering Oaks Ln 30 07 2013 City State Zip Code Transaction ID: 36373703 MS Hattiesburg 39401-8769 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Glendive Medical Center **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles A Griffis Date of Receipt Mailing Address 1237 Carmona Ave 30 07 2013 City State Zip Code Transaction ID: 36373714 CA Los Angeles 90019-2531 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **CRNA** UCLA Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 915.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Donna M M Jasinski Date of Receipt Mailing Address 6205 Waterway Dr 30 2013 City Zip Code State Transaction ID: 36373719 VA Falls Church 22044-1313 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Name of Employer Occupation Georgetown Assist. Prof. Prog. Dir. Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna M Karczewski Date of Receipt Mailing Address 226 E Treehaven Rd 07 30 2013 City State Zip Code Transaction ID: 36373720 NY Cheektowaga 14215-1411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation State University of New York at Buffal **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kent Kosmatka Date of Receipt Mailing Address 210 Sycamore St 07 31 2013 City Zip Code State Transaction ID: 36373723 KS Goodland 67735-1516 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **CRNA** Professional Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 355.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

43

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Eileen P Marcet Date of Receipt Mailing Address 921 W Gunnison Apt 3W 30 2013 City State Zip Code Transaction ID: 36373728 Chicago IL 60640-4258 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CRNA University Chicago Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John C Preston Date of Receipt Mailing Address 554 W Rosiland Dr 07 30 2013 City State Zip Code Transaction ID: 36373739 IL Palatine 60074-1093 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **AANA** Developer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John K Rogers Date of Receipt Mailing Address 110 Georgetown Ct 07 22 2013 City State Zip Code Transaction ID: 36373743 GA Macon 31210-3076 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **CRNA** Medical Center of Central Georgia Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

| FOF | LINE | NU | MBER | : | PAGE | 2 | 27 OI | F | 43 |
|------------------|------|----|------|---|------|---|-------|---|----|
| (check only one) | | | | | | | | | |
| × | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Deirdra D Diane Scanlon Date of Receipt Mailing Address PO Box 1274 30 2013 City Zip Code State Transaction ID: 36373744 WV Lewisburg 24901-4274 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation CRNA Greenbrier Valley Medical Cent Receipt For: Aggregate Year-to-Date ▼ Primary General 207.50 Other (specify) Full Name (Last, First, Middle Initial) B. Joel J Schretenthaler Date of Receipt Mailing Address 2320 Gun and Rod Cir 30 07 2013 City State Zip Code Transaction ID: 36373745 TX **Brenham** 77833-5950 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation US Army's Grad Prog. in Anes. Nursing **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William L Seal Date of Receipt Mailing Address 8252 Doyle Dr 07 29 2013 City Zip Code State Transaction ID: 36373746 OH Sylvania 43560-4502 Amount of Each Receipt this Period FEC ID number of contributing 355.00 С federal political committee.

| SUBTOTAL of Receipts This Page (optional) | | > | | 7 | | | 7 | 88 | 80.00 |) |] |
|---|-------|-------------|--|---|---|---|---|----|-------|---|---|
| TOTAL This Period (last page this line number | only) | > | | 7 | _ | _ | 7 | | | | |

355.00

Occupation CRNA

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

East River Anethesia Services Inc.

Other (specify)

General

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 43

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) |
|--|--|---|
| Any information copied from such Reports and State or for commercial purposes, other than using the na | | |
| NAME OF COMMITTEE (In Full) American Association of Nurse An | nesthetists Separate Segregat | ed Fund (CRNA-PAC) |
| Name of Employer A.F. Stone, INC. | State Zip Code FL 32421-2801 C Decupation RNA Aggregate Year-to-Date ▼ | Date of Receipt 07 30 2013 Transaction ID: 36373749 Amount of Each Receipt this Period 250.00 |
| Name of Employer C self employed C | State Zip Code KS 66502-2840 C Decupation RNA Aggregate Year-to-Date ▼ 415.00 | Date of Receipt 07 31 2013 Transaction ID: 36373750 Amount of Each Receipt this Period 50.00 |
| Name of Employer ACE Anesthesiology Comparison for the communities. | State Zip Code IN 47122-9086 C Decupation RNA Aggregate Year-to-Date ▼ 680.00 | Date of Receipt 07 03 2013 Transaction ID: 36373752 Amount of Each Receipt this Period 200.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 500.00 |
| TOTAL This Period (last page this line number only | /) | |

| | FOR | LINE | NU | MBER | : | PAGE | 2 | 29 | OF |
|---|------|---------|----|------|---|------|---|----|----|
| Use separate schedule(s) for each category of the | (che | ck only | or | ne) | | | | | |
| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | |
| | | 12 | | 1/ | | 15 | | 16 | |

43

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Werner H Beckerhoff Date of Receipt Mailing Address 5410 Colibri Pl 2013 07 10 City Zip Code State Transaction ID: 36373753 NM 87402-0983 Farmington Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation CRNA Northern Navajo Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nicholas A Blanck Date of Receipt Mailing Address 801 Briarwood Ct 07 09 2013 City State Zip Code Transaction ID: 36373757 NJ Sewell 08080-3507 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Requested **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ronda K Brammer Date of Receipt Mailing Address 1913 N Frederic St 02 07 2013 City State Zip Code Transaction ID: 36373758 KS Wichita 67206-8904 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation **CRNA** Galihia Heart Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

| | FOR | LINE | NU | MBER | : | PAGE | : 3 | 30 | OF |
|---|-----|---------|----|------|---|------|-----|----|----|
| Use separate schedule(s) for each category of the | ` | ck only | or | ne) | | | | | |
| Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | |
| | | 10 | | 4.4 | | 4- [| | 10 | |

43

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Donnell Carter Date of Receipt Mailing Address 6 Arbutus St Apt 3 07 07 2013 City Zip Code State Transaction ID: 36373759 **Dorchester Center** MA 02124-3104 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation CRNA New England Pain Management Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Phyllis B Kantor Date of Receipt Mailing Address 2992 Sun Lake Dr 07 05 2013 City State Zip Code Transaction ID: 36373765 NV Las Vegas 89128-7713 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation United Health Group Nurse Anesthetist Receipt For: Aggregate Year-to-Date ▼ Primary General 1450.00 Other (specify) Full Name (Last, First, Middle Initial) c. John J McFadden Date of Receipt Mailing Address 922 N 13th Ter 2013 07 18 City State Zip Code Transaction ID: 36373767 FL Hollywood 33019-3112 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation **CRNA Barry University** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

| ı | | R LINE | | | : | PAGE | = 3 | 31 | OF | 43 |
|---|------|---------|----|-----|---|------|-----|----|----|----|
| ı | (che | ck only | or | ne) | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | 2 | |
| ı | | 13 | | 14 | | 15 | | 16 | 6 | 17 |

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Tom L McKibban Date of Receipt Mailing Address 3650 N Main St 2013 16 City State Zip Code Transaction ID: 36373768 KS El Dorado 67042-8474 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation CRNA **Butler County Anesthesia Services** Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cheryl L L Nimmo Date of Receipt Mailing Address 26 Aberdeen Rd 07 12 2013 City State Zip Code Transaction ID: 36373769 East Providence RΙ 02915-5002 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation University Medicine Foundation in Prov **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Danette J Plautz Date of Receipt Mailing Address 9020 Pettit Dr 03 07 2013 City Zip Code State Transaction ID: 36373770 IN Highland 46322-2154 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation **CRNA** Great Lakes Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

| FO | R LINE | NUMBE | R: | PAGE | 3 | 32 OF | = . | 43 |
|-----|-------------|-------|----|------|---|-------|-----|----|
| (ch | eck only | one) | | | | | | |
| > | 1 1a | 11b | | 11c | | 12 | | |
| | 13 | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC) Full Name (Last, First, Middle Initial) Donna M Sanchez Date of Receipt Mailing Address 600 Amity Rd 04 2013 City State Zip Code Transaction ID: 36373771 CT Woodbridge 06525-1207 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation Hartford Surgical Center **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Arthur B Wolover Date of Receipt Mailing Address 1118 Layman Dr 07 25 2013 City State Zip Code Transaction ID: 36373772 Jonesboro AR 72404-9095 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Self **CRNA** Receipt For: Aggregate Year-to-Date ▼ Primary General

| Other (specify) ▼ | 575.00 | |
|--|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| SUBTOTAL of Receipts This Page (optional) | 400.00 |
|---|----------|
| TOTAL This Period (last page this line number only) | 12402.23 |

C.

| 2 | CHEDULE B (FEC Form 3X) | | | 1 | | | |
|-------------|--|--------------------------------|-------------------|---|--|--|--|
| | ` | Use separate schedule(s) | FOR LINE I | | | | |
| IT | EMIZED DISBURSEMENTS | for each category of the | (check only | | | | |
| | | Detailed Summary Page | 21b | 22 🗙 23 24 25 26 | | | |
| | | | 27 | 28a 28b 28c 29 30b | | | |
| | ny information copied from such Reports and Staten | | | | | | |
| or | for commercial purposes, other than using the name | ie and address of any politica | al committee to | solicit contributions from such committee. | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | |
| / | American Association of Nurse And | esthetists Separate S | Segregated | d Fund (CRNA-PAC) | | | |
| <u>/</u> | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | B | | | |
| Α. | Collins for Senator | | | Date of Disbursement | | | |
| | T | | | M M / D D / Y Y Y Y | | | |
| | Mailing Address P.O. Box 1096 | | | 07 19 2013 | | | |
| | 186 Exchange Street | State Zin Code | | | | | |
| | - 7 | State Zip Code ME 04402-1096 | | Transaction ID: 36253772 | | | |
| | Bangor Purpose of Disbursement | WE 04402-1090 | | | | | |
| | Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | Amount of Each Bisbardement this Foliad | | | |
| | Susan Collins | | Category/ Type | 2500.00 | | | |
| | | nent For: 2014 | туре | | | | |
| | Senate | Primary X General | | On a distanta On a tella sullana | | | |
| | President | Other (specify) | | Candidate Contribution | | | |
| | State: ME District: | Other (apeciny) | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | |
| В. | | | | Date of Disbursement | | | |
| ٠. | Udall For Colorado | | | | | | |
| | Mailing Address PO Box 40158 | | | 07 19 2013 | | | |
| | Mailing / Mailess PO Box 40138 | | | 07 10 2010 | | | |
| | City | State Zip Code | | | | | |
| | Denver | CO 80204 | | Transaction ID: 36253773 | | | |
| | Purpose of Disbursement | | | | | | |
| | Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | Category/ | 1000.00 | | | |
| | Sen. Mark Emery Udall | | Type | 1000.00 | | | |
| | Office Sought: House Disburser | nent For: 2014 | | | | | |
| | X Senate | Primary X General | | Candidate Contribution | | | |
| | President | Other (specify) ▼ | | | | | |
| | State: CO District: | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | |
| C. | Mike Rogers For Congress | | | Date of Disbursement | | | |
| | | | | M M / D D / Y Y Y Y | | | |
| | Mailing Address 123 East 13th Street | | | 07 19 2013 | | | |
| | City | State Zip Code | | | | | |
| | City S Anniston | State Zip Code AL 36201 | | Transaction ID: 36253775 | | | |
| | Purpose of Disbursement | 7.2 30201 | | | | | |
| | Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| | Candidate Name | | | , another of Lacit biobulocinicit tills I cilou | | | |
| | Michael Rogers | | Category/ Type | 2500.00 | | | |
| | | nent For: 2014 | | | | | |
| | | Primary General | | Candidate Contribution | | | |
| | President | Other (specify) ▼ | | Ca. Ididate Contribution | | | |
| | State: AL District: 00 | · | | | | | |
| | ' | | | | | | |
| 5 | SUBTOTAL of Disbursements This Page (optional) | | | 6000.00 | | | |
| | <u> </u> | | | | | | |
| | | | | | | | |

| S | CHEDULE B (FEC Form 3X) | | | 505 | INF NUMBER: PAGE 34 OF 43 | | | | | |
|---------|--|---------------------------------------|------------|---------------------------|--|--|--|--|--|--|
| | , | Use separate schedule | e(s) | FOR LINE N (check only | TOWN ELT. | | | | | |
| П | EMIZED DISBURSEMENTS | for each category of th | ne | 21b | 22 🔀 23 24 25 26 | | | | | |
| | | Detailed Summary Pag | ge | 27 | 28a 28b 28c 29 30b | | | | | |
| Γ. | ay information conicd from auch Departs and Ctatan | manta may not be cold or | | | | | | | | |
| | ny information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | | | | | |
| ۲ | NAME OF COMMITTEE (In Full) | and address of diffy pe | | | The second secon | | | | | |
| | ` , | aathatiata Canara | to 0. | oaroastas | A Fund (CDNA DAC) | | | | | |
| I/ | American Association of Nurse And | esmensts Separa | ie 50 | egregated | I FUND (UKINA-PAU) | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) | | | İ | | | | | | |
| Α. | • | | | | | | | | | |
| | LIMO I AO | | | | Date of Disbursement | | | | | |
| | Mailing Address 209 Pennsylvania Ave, SE | | | | 07 19 2013 | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | City | State Zip Code | | | Transaction ID - 26252902 | | | | | |
| | Washington | DC 20003 | | | Transaction ID: 36253892 | | | | | |
| | Purpose of Disbursement | | | | | | | | | |
| | Annual Contribution | | | 011 | Amount of Each Disbursement this Period | | | | | |
| | Candidate Name | | | Category/ | 5000.00 | | | | | |
| | | | | Type | 3000.00 | | | | | |
| | | ment For: | | | | | | | | |
| | Senate | Primary General | al | | Annual Contribution | | | | | |
| | President | Other (specify) ▼ | | | | | | | | |
| _ | State: District: | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| В. | Cathy Mcmorris Rodgers For Cong | gress | | | Date of Disbursement O7 19 2013 | | | | | |
| | | | | | | | | | | |
| | Mailing Address Box 137 | | | | | | | | | |
| | City | | | | | | | | | |
| | City Spokane | State Zip Code WA 99210 | | | Transaction ID: 36254161 | | | | | |
| | Purpose of Disbursement | 33210 | | | | | | | | |
| | Candidate Contribution | | | 011 | Amount of Each Disbursement this Period | | | | | |
| | Candidate Name | | \dashv L | | American Supplies in the Folia | | | | | |
| | Rep. Cathy McMorris Rodgers | | ' | Category/ Type | 2500.00 | | | | | |
| | | ment For: 2014 | | .,,,, | , | | | | | |
| | | Primary Genera | al | | Candidate Contribution | | | | | |
| | President | Other (specify) ▼ | | | Sandidate Contribution | | | | | |
| | State: WA District: 05 | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | Progressive Choices PAC | | | | Date of Disbursement | | | | | |
| | . 15g1555175 OH510551 710 | | | | M M / D D / Y Y Y Y | | | | | |
| | Mailing Address PO Box 58 | | | | 07 19 2013 | | | | | |
| | • | | | | | | | | | |
| | City | State Zip Code | | | Transaction ID: 36255486 | | | | | |
| | Evanston | IL 60204 | | | 11a113a5ti011 iD . 30233400 | | | | | |
| | Purpose of Disbursement Annual Contribution | | | | | | | | | |
| | | | | 011 | Amount of Each Disbursement this Period | | | | | |
| | Candidate Name | | | Category/ | 1000.00 | | | | | |
| | | | | Type | 1000.00 | | | | | |
| | | ment For: | | | | | | | | |
| | Senate | Primary General | al | | Annual Contribution | | | | | |
| | President | Other (specify) ▼ | | | | | | | | |
| | State: District: | | | | | | | | | |
| 1 | | | | | | | | | | |
| 5 | SUBTOTAL of Disbursements This Page (optional) | | | ·····• | 8500.00 | | | | | |
| Г | | | | | | | | | | |
| lт | OTAL This Period (last nage this line number only) | 1 | | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOD ! INT | PAGE 35 OF 43 | | | | |
|---|---|------------------------|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s |) FOR LINE (check only | NOMBER: | | | | |
| II LIVIIZED DISDONSLIVILIVIS | for each category of the Detailed Summary Page | 21b | 22 🗙 23 24 25 26 | | | | |
| | Detailed Summary Page | 27 | 28a 28b 28c 29 30 | | | | |
| Any information copied from such Reports and State | | | | | | | |
| or for commercial purposes, other than using the na | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| American Association of Nurse Ar | nesthetists Separate | Segregated | d Fund (CRNA-PAC) | | | | |
| Full Name (Look First Addulle Livin) | · | | , | | | | |
| Full Name (Last, First, Middle Initial) | , | | | | | | |
| A. OrrinPAC | | | Date of Disbursement | | | | |
| Mailing Address PO Box 1480 | | | 07 19 2013 | | | | |
| | | | | | | | |
| City | State Zip Code | | Transaction ID: 36256212 | | | | |
| Washington | DC 20013 | | 11alisaction ID . 30230212 | | | | |
| Purpose of Disbursement Annual Contribution | | 011 | Amount of Each Disbursement this Period | | | | |
| Candidate Name | | | Amount of Each disbursement this Period | | | | |
| OrrinPAC | | Category/ Type | 1000.00 | | | | |
| | ement For: | Type | | | | | |
| Senate | Primary General | | Annual Contribution | | | | |
| President | Other (specify) ▼ | | | | | | |
| State: District: | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| B. Lucille Roybal-Allard For Congres | S | | Date of Disbursement | | | | |
| | | | M M / D D / Y Y Y Y | | | | |
| Mailing Address 601 S Glenoaks Blvd Suite 211 | | | 07 19 2013 | | | | |
| City | State Zip Code | | | | | | |
| Burbank | CA 91502 | | Transaction ID: 36257288 | | | | |
| Purpose of Disbursement | | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | |
| Candidate Name | | Category/ | 2000.00 | | | | |
| Lucille Roybal-Allard | | Type | 2000.00 | | | | |
| | ement For: 2014 | | | | | | |
| Senate President | Primary General | | Candidate Contribution | | | | |
| State: CA District: 33 | Other (specify) ▼ | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| C. Courtney For Congress | | | Date of Disbursement | | | | |
| Country i or Congress | | | M M / D D / Y Y Y Y | | | | |
| Mailing Address PO Box 1372 | | | 07 19 2013 | | | | |
| | | | | | | | |
| City | State Zip Code | | Transaction ID : 36258936 | | | | |
| Vernon Purpose of Disbursement | CT 06066 | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Dishurasment this Devict | | | | |
| Candidate Name | | | Amount of Each Disbursement this Period | | | | |
| Rep. Joseph D. Courtney | | Category/ Type | 1000.00 | | | | |
| • | ement For: 2014 | | | | | | |
| Senate × | Primary General | | Candidate Contribution | | | | |
| President | Other (specify) ▼ | | | | | | |
| State: CT District: 02 | | | | | | | |
| | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | ····· | 4000.00 | | | | |
| | | | | | | | |
| TOTAL This Period (last page this line number only | /) | | 1 | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 36 OF 4 | | | | | | |
|---|---|-------------------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s | (check only | TYOMBETT. | | | | | |
| II LIVIIZED DISDONSLIVILINIS | for each category of the | 21h | 22 🗙 23 24 25 26 | | | | | |
| | Detailed Summary Page | 27 | 28a 28b 28c 29 30k | | | | | |
| Any information copied from such Reports and St | | | | | | | | |
| or for commercial purposes, other than using the | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| \mid American Association of Nurse A | Anesthetists Separate | e Segregate | d Fund (CRNA-PAC) | | | | | |
| Full Name (Leet First Middle Life D | | | · | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| - Jeli Fortenberry For United State | Jeff Fortenberry For United States Congress | | | | | | | |
| Mailing Address PO Box 30265 | | | 07 19 2013 | | | | | |
| | | | | | | | | |
| City | State Zip Code | | Transaction ID: 36258942 | | | | | |
| Lincoln | NE 68503 | | Transaction ib . 30230342 | | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | Amount of Each Dichurooment this Desired | | | | | |
| Candidate Name | | | Amount of Each Disbursement this Period | | | | | |
| Rep. Jeff Fortenberry | | Category/ Type | 1500.00 | | | | | |
| | rsement For: 2014 | Турс | | | | | | |
| Senate | Primary General | | Candidate Contribution | | | | | |
| President | Other (specify) ▼ | | | | | | | |
| State: NE District: 01 | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| B. Friends Of Sam Johnson | | | Date of Disbursement | | | | | |
| Mailian Adduses | | | M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y | | | | | |
| Mailing Address P.O. Box 860096 | | | 07 19 2013 | | | | | |
| City | State Zip Code | | | | | | | |
| Plano | TX 75086 | | Transaction ID: 36258944 | | | | | |
| Purpose of Disbursement | | | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | 1500.00 | | | | | |
| Rep. Sam Robert Johnson Office Sought: House Disbu | rooment For: Codd | Туре | .535.00 | | | | | |
| Office Sought: House Disbu | rsement For: 2014 Y Primary General | | Condidate Contain the | | | | | |
| President | Other (specify) | | Candidate Contribution | | | | | |
| State: TX District: 03 | - · · · (-p/)/ ▼ | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| C. Brady for Congress | | | | | | | | |
| | | | M - M / D - D / Y - Y - Y | | | | | |
| Mailing Address P.O. Box 8277 | | | 07 19 2013 | | | | | |
| City | Ctata 75: On de | | | | | | | |
| City The Woodlands | State Zip Code TX 77387 | | Transaction ID: 36258947 | | | | | |
| Purpose of Disbursement | 17301 | | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | (| | | | | | | |
| Rep. Kevin Brady | | Category/ Type | 2500.00 | | | | | |
| | rsement For: 2014 | | | | | | | |
| Senate | Primary General | | Candidate Contribution | | | | | |
| President | Other (specify) | | | | | | | |
| State: TX District: 08 | | | | | | | | |
| | | | 5500.00 | | | | | |
| SUBTOTAL of Disbursements This Page (optional | al) | ·····• | 3300.00 | | | | | |
| TOTAL This Paried (last page this line number of | mly) | | | | | | | |
| TOTAL This Period (last page this line number of | ч н у <i>ј</i> | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | T FOR LINE | R LINE NUMBER: PAGE 37 OF 43 | | | | | |
|--|------------------------------|---------------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | TOWELL. | | | | | |
| II LIVIIZED DISDUNSENIIS | for each category of the | 21b | 22 🗶 23 24 25 26 | | | | | |
| | Detailed Summary Page | 27 | 28a 28b 28c 29 30b | | | | | |
| Any information copied from such Reports and Staten | nents may not be sold or use | ed by any perso | on for the purpose of soliciting contributions | | | | | |
| or for commercial purposes, other than using the nam | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| $ \; angle$ American Association of Nurse And | esthetists Separate | Segregated | d Fund (CRNA-PAC) | | | | | |
| Full Name (Last, First, Middle Initial) | | ı | | | | | | |
| A. Barbara Lee For Congress | | | | | | | | |
| Daibaia Lee i di Collyless | | | Date of Disbursement | | | | | |
| Mailing Address 449 Fifteenth Street | | | 07 19 2013 | | | | | |
| Suite 403 | _ | | | | | | | |
| , | State Zip Code | | Transaction ID : 36258948 | | | | | |
| Oakland Purpose of Disbursement | CA 94612 | | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | | | | | | | |
| Rep. Barbara Lee | | Category/ Type | 1000.00 | | | | | |
| | nent For: 2014 | | | | | | | |
| | Primary General | | Candidate Contribution | | | | | |
| President | Other (specify) ▼ | | | | | | | |
| State: CA District: 13 | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dichurcoment | | | | | |
| B. Rodney For Congress | | | Date of Disbursement | | | | | |
| Mailing Address PO Box 344 | | | 07 19 2013 | | | | | |
| J CONTRACTOR OF THE CONTRACTOR | | | | | | | | |
| City | State Zip Code | | Transaction ID : 36258949 | | | | | |
| Taylorville | IL 62568 | | | | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | | , and are of Each Dispursement this 1 cillu | | | | | |
| Rodney Davis | | Category/ Type | 1000.00 | | | | | |
| | nent For: 2014 | 71: - | , | | | | | |
| | Primary General | | Candidate Contribution | | | | | |
| | Other (specify) ▼ | | | | | | | |
| State: IL District: 13 | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishaur and | | | | | |
| C. Tim Scott For Congress | | | Date of Disbursement | | | | | |
| Mailing Address 1405 Ashley River Road | | | 07 19 2013 | | | | | |
| Maining Addition 1400 Ability Rivel Rodu | | | 0. 10 2010 | | | | | |
| City | State Zip Code | | Transaction ID: 36258950 | | | | | |
| Charleston | SC 29407 | | 11d113d0t1011 ID . 30230330 | | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | | | | | | |
| Candidate Name | | 011 | Amount of Each Disbursement this Period | | | | | |
| Timothy Scott | | Category/ Type | 2500.00 | | | | | |
| • | nent For: 2014 | . , , , , | | | | | | |
| | Primary General | | Candidate Contribution | | | | | |
| President | Other (specify) ▼ | | | | | | | |
| State: SC District: 01 | | | | | | | | |
| | | | 4500.00 | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ············· > | 4500.00 | | | | | |
| TOTAL This Period (last nage this line number only) | | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 38 OF 43 | | | | | | |
|---|--|--------------------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s |) FOR LINE (check only | NOMBER: | | | | | |
| | for each category of the Detailed Summary Page | 21b | 22 🗙 23 🔲 24 📗 25 📗 26 | | | | | |
| | 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 27 | 28a 28b 28c 29 30b | | | | | |
| Any information copied from such Reports and State | | | | | | | | |
| or for commercial purposes, other than using the na | me and address of any point | icai committee to | solicit contributions from such committee. | | | | | |
| NAME OF COMMITTEE (In Full) | soothatiata Caparata | Sogragato | d Fund (CDNA DAC) | | | | | |
| American Association of Nurse Ar | iestrietists Separate | Segregated | u Fund (CRNA-PAC) | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| A. DEMOCRATS WIN SEATS (DWS | SPAC) | | Date of Disbursement | | | | | |
| Mailing Address DO DOV 02442 | | | M M / D D / Y Y Y Y Y | | | | | |
| Mailing Address PO BOX 83142 | | | 07 19 2013 | | | | | |
| City | State Zip Code | | Transaction ID : 20250054 | | | | | |
| GAITHERSBURG | MD 20883 | | Transaction ID: 36258951 | | | | | |
| Purpose of Disbursement Annual Contribution | | 011 | Amount of Fook Diskumpersont this Device | | | | | |
| Candidate Name | | 011 | Amount of Each Disbursement this Period | | | | | |
| DEMOCRATS WIN SEATS (DWS | PAC) | Category/ Type | 1000.00 | | | | | |
| | ement For: | 1,750 | | | | | | |
| Senate | Primary General | | Annual Contribution | | | | | |
| President | Other (specify) ▼ | | | | | | | |
| State: District: | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishursoment | | | | | |
| B. Richard E Neal For Congress Cor | nm. | | Date of Disbursement | | | | | |
| Mailing Address 36 Atwater Ter | | | 07 19 2013 | | | | | |
| 3 3 11 11 CO / MINICIPALITY | | | | | | | | |
| City | State Zip Code | | Transaction ID : 36258952 | | | | | |
| Springfield Purpose of Disbursement | MA 01107 | | | | | | | |
| Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | | | | | | |
| Mr. Richard E. Neal | | Type | 1500.00 | | | | | |
| Office Sought: House Disburse | ement For: 2014 | | | | | | | |
| Senate | Primary General | | Candidate Contribution | | | | | |
| President State: MA District: 02 | Other (specify) ▼ | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| C. Nebraska Joint Victory Fund | | | Date of Disbursement | | | | | |
| 1 Nebraska John Victory Fund | | | M M / D D / Y Y Y Y | | | | | |
| Mailing Address 228 S WASHINGTON STREET | | | 07 19 2013 | | | | | |
| #115 | | | | | | | | |
| City ALEXANDRIA | State Zip Code VA 22314 | | Transaction ID: 36258954 | | | | | |
| Purpose of Disbursement | VA 22314 | | | | | | | |
| Joint Fundraising Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | 2502.00 | | | | | |
| | | Type | 2500.00 | | | | | |
| | ement For: | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | Joint Fundraising Contribution | | | | | |
| State: District: | Other (specify) | | | | | | | |
| | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 5000.00 | | | | | |
| , | | | | | | | | |
| TOTAL This Period (last page this line number only | /) | | | | | | | |

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | • | | | |
|--|---|--------------------|---|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 25 26 28a 28b 28c 29 30 | | | |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nan | | | | | | |
| NAME OF COMMITTEE (In Full) American Association of Nurse And | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishusanant | | | |
| A. Fearless PAC | Date of Disbursement | | | | | |
| Mailing Address 1919 14TH STREET SUITE 707 | | | 07 19 2013 | | | |
| City : BOULDER | State Zip Code CO 80302 | | Transaction ID : 36258955 | | | |
| Purpose of Disbursement | 00002 | | | | | |
| Annual Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| Candidate Name Fearless PAC | | Category/ Type | 2000.00 | | | |
| Office Sought: House Disburser | ment For: | туре | | | | |
| Senate President | Primary General Other (specify) ▼ | | Annual Contribution | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) B. Rely On Your Beliefs PAC | | | Date of Disbursement | | | |
| Mailing Address 1736 East Sunshine, #913 | Aailing Address 1736 Fact Sunching #013 | | | | | |
| | | | | | | |
| City Springfield | State Zip Code MO 65804 | | Transaction ID: 36258956 | | | |
| Purpose of Disbursement | 00004 | | | | | |
| Annual Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ Type | 5000.00 | | | |
| Office Sought: House Senate President State: Disburser | nent For: Primary General Other (specify) | .,,,,, | Annual Contribution | | | |
| Full Name (Last, First, Middle Initial) C. Friends of Lois Capps | Date of Disbursement | | | | | |
| Mailing Address c/o Erickson & Co., 38 Ivy St., SE | 07 26 7 2013 | | | | | |
| Washington | | | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | |
| Candidate Name Lois Capps | Category/ | 1500.00 | | | | |
| Office Sought: House Disburser Senate President | ment For: 2014 Primary General Other (specify) | Туре | Candidate Contribution | | | |
| State: CA District: 22 | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 8500.00 | | | |
| TOTAL This Period (last page this line number only) | | | | | | |

| S | CHEDULE B (FEC Form 3X) | EDULE B (FEC Form 3X) | | OD ! " | INE NUMBER: PAGE 40 OF 43 | | | | | | | | | |
|-------------|--|-----------------------|-------------------|--------|---------------------------|-------------|---------------------|--------|----------------|---------|---------|---------|--------|-----|
| | EMIZED DISBURSEMENTS | | arate schedule(s) | \ I | OR LIF check o | | | | | L | . /\UL | +0 | J1 | ٠. |
| • • | LIVIIZED DISBURSEIVIEN IS | | category of the | ' | | 1b [| 22 | X | 23 | 2 | 4 [| 25 | | 26 |
| | | Detailed | Summary Page | | 2 | 7 | 28a | لنا | 28b | 2i | Вс | 29 | | 30b |
| Δr | by information copied from such Reports and Staten | nents may | not be sold or us | sed by | anv n | erson | for the | purn | ose o | f solic | itina c | ontribi | ıtione | |
| | for commercial purposes, other than using the nam | | | | | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $ \rangle$ | American Association of Nurse And | esthetis | ts Senarate | Sea | rena | ted | Fund | (CI | $RN\Delta$ | -PΔ | C) | | | |
| V | , and read a decoration of real of the | | .o Coparato | oog | . ogu | ···· | . unu | , 51 | \1 \1 / | , \ | · • ; | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| Α. | Dave Camp For Congress | | | | | | Date of | f Disl | bursei | ment | | | | |
| | | | | | | _ | M M | / | D | _ | | Y Y | Y | |
| | Mailing Address 5915 Eastman Avenue | | | | | | 07 | | 26 | 3 | 2 | 2013 | | |
| | Suite 100 | State | Zip Code | | | | | | | | | | | |
| | Midland | MI | 48640 | | | | Trans | actio | on ID | : 3627 | 9841 | | | |
| | Purpose of Disbursement | | 70070 | | | _ | | | | | | | | |
| | Candidate Conribution | | | C | 011 | | Amount | t of E | Each | Disbur | semer | nt this | Perio | d |
| | Candidate Name | | | Cat | egory/ | - | | - | - | _ | - | - | - | |
| | Rep. David Lee Camp | | | | egory/ ype | | | | | | , | 250 | 0.00 | |
| | | nent For: | 2014 | | | \dashv | | | | | | | | |
| | Senate | Primary | General | | | | Candida | ate C | onribi | ution | | | | |
| | President | Other (spe | cify) 🔻 | | | | . 24 | _ | | | | | | |
| _ | State: MI District: 04 | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Hawkeye PAC | | | | | | Date of | f Disl | bursei | ment | | | | |
| | | | | | | \Box | M M / D D / Y Y Y Y | | | | | | | |
| | Mailing Address PO BOX 192 | | | | | | 07 26 2013 | | | | | | | |
| | City State 7in Code | | | | | | | | | | | | | |
| | City S Des Moines | State IA | Zip Code 50301 | | | | Trans | sactio | on ID | : 3627 | 9845 | | | |
| | Purpose of Disbursement | | 00001 | | | _ | | | | | | | | |
| | Annual Contribution | | | (| 011 | | Amount | t of E | Each | Disbur | semer | nt this | Perio | d |
| | Candidate Name | | | Cat | egory/ | 4 | | | | | | | | |
| | | | | | ype | | | | | | , | 150 | 0.00 | |
| | Office Sought: House Disbursen | nent For: | L | | | | | | | | | | | _ |
| | | Primary | General | | | | Annual | Cont | ributio | n | | | | |
| | | Other (spe | cify) 🔻 | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| C. | Tim Walz For Us Congress | | | | | | Date of | f Disl | bursei | ment | | | | |
| | - | | | | | \perp | M = M | / | D | | | Y | Υ | |
| | Mailing Address PO Box 938 | | | | | | 07 | | 26 | Ď | 2 | 2013 | | |
| | City | State | Zip Code | | | _ | | | | | | | | |
| | | MN | 56002 | | | | Trans | sactio | on ID | : 3627 | 9848 | | | |
| | Purpose of Disbursement | | | | _ | _ | | | | | | | | |
| | Candidate Contribution | | | C | 011 | | Amount | t of E | Each | Disbur | semer | nt this | Perio | od |
| | Candidate Name | Cat | egory/ | - | | - | - | _ | - | 400 | 0.00 | | | |
| | Timothy Walz | | | ype | | | | | | , | 100 | 0.00 | | |
| | Office Sought: House Disbursen | nent For: | 2014 | | | | | | | | | | | |
| | | Primary | General | | | | Candida | ate C | ontrib | ution | | | | |
| | President | Other (spe | ecify) 🔻 | | | | | | | | | | | |
| _ | State: MN District: 01 | | | | | | | | | | | | | |
| | | | | | | | | | | | - | F00: | 2.00 | |
| 8 | UBTOTAL of Disbursements This Page (optional) | | | | > | > | | | | | 7 | 500 | 0.00 | |
| | OTAL This Posted (leak see 1911) | | | | | _ | Г. | | | | | | | |
| . 1 | OTAL This Period (last page this line number only) | | | | | | | | | | | | | |

ľ

| SCHEDULE B (FEC Form 3X) | | FOR | | | FOR LINE NUMBER: PAGE 41 OF 43 | | | | | |
|--------------------------|---|-----------------------------------|--------------------------------------|--------------------|--------------------------------|--------------------------|--|--|--|--|
| IT | EMIZED DISBURSEMENTS | | parate schedule(s) a category of the | (check only | one) | | | | | |
| | | | Summary Page | 21b | 22 X 23 28b | 24 25 26 28c 29 30b | | | | |
| Λ. | by information copied from such Departs and Chite | onto ma | not be sold as | | | | | | | |
| | ny information copied from such Reports and Staten for commercial purposes, other than using the nam | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | American Association of Nurse And | esthetis | sts Separate | Segregated | d Fund (CRNA | -PAC) | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | | | Data of District | | | | | |
| A. | Yarmuth For Congress | Date of Disburser | | | | | | | | |
| | Mailing Address 1815 Brownsboro Road | 07 26 | | | | | | | | |
| | City | State | Zip Code | | Transaction ID | 20270054 | | | | |
| | Louisville | KY | 40202 | | Transaction ID | : 302/9854 | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | Amount of Each I | Disbursement this Period | | | | |
| | Candidate Name | | | Category/ | | 1000.00 | | | | |
| | Rep. John A. Yarmuth Office Sought: House Disbursen | nent For: | 2014 | Туре | | . 550.00 | | | | |
| | Senate President | Primary Other (spe | General | | Candidate Contrib | ution | | | | |
| _ | State: KY District: 03 | | | | | | | | | |
| D | Full Name (Last, First, Middle Initial) | | | | Date of Disburser | mont | | | | |
| υ. | Loebsack For Congress | | | | | | | | | |
| | Mailing Address PO Box 3013 | | 07 26 2013 | | | | | | | |
| | Iowa City | State IA | Zip Code 52244 | | Transaction ID | : 36279858 | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | Amount of Each I | Disbursement this Period | | | | |
| | Candidate Name | | | Category/ | | 1000.00 | | | | |
| | Rep. David Wayne Loebsack | | | Type | | 1000.00 | | | | |
| | | nent For: Primary Other (sp | General | | Candidate Contrib | ution | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| C. | Lance For Congress | | | | Date of Disburser | | | | | |
| | Mailing Address PO Box 225 | | 07 26 | | | | | | | |
| | City S Colonia | State NJ | Zip Code 07067 | | Transaction ID | : 36279863 | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | | | | | | |
| | | | | | Amount of Each I | Disbursement this Period | | | | |
| | Candidate Name Rep. Leonard Lance | | | | | 2000.00 | | | | |
| | Office Sought: House Disbursen | nent For: | 2014 | Туре | 7 | 7 | | | | |
| | Senate | Primary Other (spe | General | Candidate Contribu | ution | | | | | |
| Г | : 01 | | | | | | | | | |
| s | UBTOTAL of Disbursements This Page (optional) | | | <u> </u> | | 4000.00 | | | | |
| 1 | OTAL This Period (last page this line number only) | | | | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 42 OF | | | | | | |
|--|---|-----------------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | one) | | | | | |
| | Detailed Summary Page | 21b 27 | 22 X 23 24 25 26 28a 28b 28c 29 30b | | | | | |
| Any information popied from such Departs and Old | monto mov not he sald as as | | | | | | | |
| Any information copied from such Reports and State or for commercial purposes, other than using the na | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| American Association of Nurse Ar | esthetists Separate | Segregated | d Fund (CRNA-PAC) | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | | | | | |
| A. Heartland Values PAC | Heartland Values PAC | | | | | | | |
| Mailing Address P O Box 505 | | | 07 26 2013 | | | | | |
| City | State Zip Code | | Transaction ID: 36279865 | | | | | |
| SIOUX FALLS | SD 57101 | | กลกอละแบก ID . 302/9000 | | | | | |
| Purpose of Disbursement Annual Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | 2500.00 | | | | | |
| Heartland Values PAC Office Sought: House Disburse | ment For: | Туре | 2000.00 | | | | | |
| Senate President | ment For: Primary | | Annual Contribution | | | | | |
| State: District: | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Dishursoment | | | | | |
| B. Ruben Hinojosa for Congress | | | Date of Disbursement | | | | | |
| Mailing Address 1404 South Illinois | | | 07 26 2013 | | | | | |
| City Mercedes | State Zip Code TX 78570 | | Transaction ID : 36279868 | | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | | | | | | |
| Ruben Hinojosa | | Type | 1000.00 | | | | | |
| | ment For: 2014 Primary General Other (specify) ▼ | | Candidate Contribution | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| C. Majority Committee PAC | | | Date of Disbursement | | | | | |
| Mailing Address 213 Ashby St. | | | | | | | | |
| City | State Zip Code | | T | | | | | |
| Alexandria | VA 22305 | | Transaction ID: 36279872 | | | | | |
| Purpose of Disbursement Annual Contribution | Purpose of Disbursement Annual Contribution 011 | | | | | | | |
| Candidate Name | Candidate Name | | | | | | | |
| Majority Committee PAC | | Category/ Type | 2500.00 | | | | | |
| Office Sought: House Disburse | ment For: | | | | | | | |
| Senate | Primary General | | Annual Contribution | | | | | |
| President | Other (specify) ▼ | | | | | | | |
| State: District: | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional). | | ······ | 6000.00 | | | | | |
| TOTAL This Period (last page this line number only | ·) | ·····• | | | | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE NUMBER: PAGE 43 OF 43 | | | | | | |
|---|--|--------------------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) | (check only | NOMBER: | | | | | |
| | for each category of the Detailed Summary Page | 21b | 22 🗙 23 🔲 24 🔲 25 🖂 26 | | | | | |
| | | 27 | 28a 28b 28c 29 30b | | | | | |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the name | | | | | | | | |
| NAME OF COMMITTEE (In Full) | ie and address of any politic | Lai Committee to | SOUCH COMMINUMENTS FOR SUCH COMMINUMES. | | | | | |
| American Association of Nurse And | esthetists Senarate | Segregate | d Fund (CRNA-PAC) | | | | | |
| | | ocyregatet | | | | | | |
| Full Name (Last, First, Middle Initial) | | | B (B) | | | | | |
| A. Oceans PAC | | | Date of Disbursement | | | | | |
| Mailing Address 700 13TH STREET, NW | | | 07 26 2013 | | | | | |
| SUITE 600 | | | | | | | | |
| , | State Zip Code | | Transaction ID: 36279873 | | | | | |
| WASHINGTON Purpose of Disbursement | DC 20005 | | | | | | | |
| Annual Contribution | | 011 | Amount of Each Disbursement this Period | | | | | |
| Candidate Name | | Category/ | 2522.52 | | | | | |
| Oceans PAC | | Type | 2500.00 | | | | | |
| Office Sought: House Disburser Senate | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | Annual Contribution | | | | | |
| State: District: | □ | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| В. | | | | | | | | |
| Mailing Address | | | M = M / D = D / Y = Y = Y | | | | | |
| Mailing Address | Mailing Address | | | | | | | |
| City | State Zip Code | | | | | | | |
| District of Dishuran mark | | | | | | | | |
| Purpose of Disbursement | | | Amount of Each Disbursement this Perio | | | | | |
| Candidate Name | | Category/ | | | | | | |
| | | Type | | | | | | |
| Office Sought: House Disburser | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | | |
| State: District: | onior (specify) ▼ | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | |
| C. | | | | | | | | |
| Mailing Address | | | M M / D D / Y Y Y Y | | | | | |
| ivialling Address | Mailing Address | | | | | | | |
| City | State Zip Code | | | | | | | |
| Burnoon of Dishurooment | Т | | | | | | | |
| Fulpose of Dispursement | Purpose of Disbursement | | | | | | | |
| Candidate Name | Candidate Name | | | | | | | |
| | | Category/ Type | | | | | | |
| Office Sought: House Disburser | | | | | | | | |
| Senate President | Primary General Other (specify) ▼ | | | | | | | |
| State: District: | Other (specify) | | | | | | | |
| | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | ····· | 2500.00 | | | | | |
| | | | 59500.00 | | | | | |
| TOTAL This Period (last page this line number only) | | | 09.00.00 | | | | | |